



HEALTH & SAFETY REPRESENTATIVE PRO-FORMA

At a meeting of members of the INTO in:

SCHOOL: _____

SCHOOL REFERENCE No: _____

ADDRESS: _____

SCHOOL EMAIL*: _____

HELD ON: _____ (Date)

The following member was elected to the position of INTO Health & Safety Representative:

NAME: _____

TRN: _____

H&S REPS SCHOOL EMAIL*: _____

MOBILE No.*: _____

*(*Required Field – to ensure effective communication from Northern Office)*

Please return this form to INTO Northern Office as soon as possible

INTO Data Privacy Policy

We refer you to the INTO Data Privacy Policy (**'Privacy Policy'**). This Privacy Policy explains how the INTO processes personal data in accordance with the Data Protection Acts 1988-2018 and the General Data Protection Regulation (**'Data Protection Law'**). This privacy policy may be amended and updated from time to time and can be accessed on the INTO website at www.into.ie/NI

**INTO Northern Office
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